

**DECLARATION
AND POWER OF ATTORNEY
U.S.A.**

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ATTORNEY'S DOCKET NO. 1/2

ALL PATENTS, INCLUDING DESIGN
FOR APPLICATION BASED ON PCT, PARIS CONVENTION,
NON PRIORITY, OR PROVISIONAL APPLICATIONS:

As a below named inventor, I declare that my residence, post office address and citizenship are stated below next to my name. The information given herein is true, that I believe that I am the original, first and sole inventor (if only one name is listed at 201 below) or a first and joint inventor (if plural inventors are named below at 201-203, or on additional sheets attached hereto) of the subject matter which is claimed and for which patent is sought on the invention entitled:

"A messaging system"

which is described and claimed in:

☒ the attached specification

☐ PCT International Application No. _____ filed _____

☐ the specification in application Serial _____ filed _____

(if applicable) and
amended on _____

I hereby state that I have reviewed and understood the contents of the above-identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56. I hereby claim foreign priority benefits under Title 35, United States Code, §119 (a)-(d) of any foreign application(s) for patent or inventor's certificate filed below and have also identified below any foreign Application for patent or inventor's certificate having a filing date earlier than that of the application on which priority is claimed.

Prior Foreign Application(s)

00650033.4
(Number)

European Patent Office
(Country)

13/04/2000
(Day/Month/Year Filed)

Priority Claimed

☒ Yes

☐ No

☐ Yes

☐ No

☐ Yes

☐ No

☐ Yes

☐ No

(Number)

(Country)

(Day/Month/Year Filed)

(Number)

(Country)

(Day/Month/Year Filed)

I hereby claim the benefit under Title 35, United States Code, §119(c) of any United States provisional application(s) listed below.

Application No. _____

Filing Date _____

Application No. _____

Filing Date _____

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, moreover, as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112. I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

No.)

(Application Serial)

(Filing Date)

(Status: patented, pending, abandoned)

POWER OF ATTORNEY As a named inventor, I hereby appoint the following attorneys (Registration No.) to prosecute this application, receive and act on instructions from my agent, and transact all business in the Patent and Trademark Office connected therewith. **HARVEY B. JACOBSON JR. (20,851); D. DOUGLAS PRICE (24,514); JOHN CLARKE HOLMAN (22,769); MARVIN R. STERN (20,640); MICHAEL R. SLOBASKY (26,421); JONATHAN L. SCHERER (29,851); IRWIN M. AISENBERG (19,007); WILLIAM E. PLAYER (31,409)**

SEND CORRESPONDENCE TO:

**JACOBSON, PRICE, HOLMAN & STERN
PROFESSIONAL LIMITED LIABILITY COMPANY
400 SEVENTH STREET N.W.
WASHINGTON, DC. 20004**

DIRECT TELEPHONE CALLS TO:

(please use Attorney's Docket No.) (202) 638-6666

**JACOBSON, PRICE, HOLMAN & STERN
PROFESSIONAL LIMITED LIABILITY COMPANY**

*Inventor(s) name must include at least one unabbreviated first or middle name.

201	FULL NAME OF INVENTOR *	FAMILY NAME	GIVEN NAME	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY ZIP CODE
		48 Foxrock Manor	Dublin 18	Ireland
202	FULL NAME OF INVENTOR *	FAMILY NAME	GIVEN NAME	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY ZIP CODE
		Greystones	Ireland	Ireland
		2 Burnaby Heights	Greystones, County Wicklow	Ireland
203	FULL NAME OF INVENTOR *	FAMILY NAME	GIVEN NAME	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY ZIP CODE
		STAFFORD	Gabrielle	
		Dublin	Ireland	Ireland
		28 Ruben Avenue	Rialto, Dublin 8	Ireland

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201 *	SIGNATURE OF INVENTOR 202 *	SIGNATURE OF INVENTOR 203 *
<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
DATE 2/4/01	DATE 3/4/01	DATE 3/4/01

* Additional inventors are named on separately numbered sheets attached hereto. JPHAS 1995 6/95, 3/96, 5/96 (COPYING WITHOUT DELETIONS PERMITTED)

**JACOBSON, PRICE, HOLMAN & STERN, PLLC
ADDITIONAL INVENTORS**

[Handwritten signature]
p70

* Inventor(s) name must include at least one unabbreviated first or middle name.

2	FULL NAME * OF INVENTOR	FAMILY NAME FORTUNE	GIVEN NAME John	MIDDLE NAME
0	RESIDENCE & CITIZENSHIP	CITY Dublin	STATE OR FOREIGN COUNTRY Ireland	COUNTRY OF CITIZENSHIP Ireland
4	POST OFFICE ADDRESS	POST OFFICE ADDRESS 5 Green Road, Blackrock	CITY County Dublin	STATE OR COUNTRY Ireland ZIP CODE
2	FULL NAME * OF INVENTOR	FAMILY NAME COUGHLAN	GIVEN NAME Michael	MIDDLE NAME
0	RESIDENCE & CITIZENSHIP	CITY Kildare	STATE OR FOREIGN COUNTRY Ireland	COUNTRY OF CITIZENSHIP Ireland
5	POST OFFICE ADDRESS	POST OFFICE ADDRESS 6 The Rise, Louisa Valley	CITY Leixlip, County Kildare	STATE OR COUNTRY Ireland ZIP CODE
2	FULL NAME * OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME
0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
6	POST OFFICE ADDRESS	POST OFFICE ADDRESS University of Limerick, Plassey	CITY Limerick	STATE OR COUNTRY Ireland ZIP CODE
2	FULL NAME * OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME
0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
7	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY ZIP CODE
2	FULL NAME * OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME
0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
8	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY ZIP CODE
2	FULL NAME * OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME
0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
9	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY ZIP CODE
2	FULL NAME * OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME
1	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
0	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY ZIP CODE
2	FULL NAME * OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME
1	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
1	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY ZIP CODE

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are to be true, and further that these statements were made with the knowledge that wilful false statements and the like so made are punishable by fine or imprisonment or both, under section 1001 of Title 18 of the United States Code; and that such wilful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 204 *	SIGNATURE OF INVENTOR 205 *	SIGNATURE OF INVENTOR 206 *
<i>John Fortune</i>	<i>Michael Coughlan</i>	
DATE 3/4/01	DATE 4/4/01	DATE
SIGNATURE OF INVENTOR 207 *	SIGNATURE OF INVENTOR 208 *	SIGNATURE OF INVENTOR 209 *
DATE	DATE	DATE
SIGNATURE OF INVENTOR 210 *	SIGNATURE OF INVENTOR 211 *	
DATE	DATE	

SMALL ENTITY DECLARATION
[37 CFR 1.9(c-f)]

Each undersigned declares that:

(1) ☒ the application attached hereto.

(2) ☐ U.S. Application Serial No. _____, filed _____

(3) ☐ U.S. Patent No. _____ Issued _____

is entitled to the benefits of "small entity" status for paying reduced fees under 35 USC 41(a) and (b) to the Patent and Trademark Office by virtue of the following:

(4) ☐ Each undersigned declares that he/she qualifies as an independent inventor, or would qualify had he/she made the as defined in 37 CFR 1.9(c).

(5) ☒ The undersigned declares that he/she is an official empowered to act on behalf of the concern identified below; that this concern qualifies as a small business concern as defined in 37 CFR 1.9(d); that exclusive rights to the invention have been conveyed to and remain with the small business concern, or if the rights are not exclusive, that all other rights belong to small entities as defined in 37 CFR 1.9.

(6) ☐ The undersigned declares that he/she is an official empowered to act on behalf of the organization identified below; that organization qualifies as a nonprofit organization as defined in

(a) ☐ 37 CFR 1.9(e)(1)

(b) ☐ 37 CFR 1.9(e)(2)

(c) ☐ 37 CFR 1.9(e)(3)

(d) ☐ 37 CFR 1.9(e)(4) State law of _____

that exclusive rights to the invention have been conveyed to and remain with the organization, or if the rights are not exclusive, that all other rights belong to organizations as defined in 37 CFR 1.9.

(7) Each person, concern or organization to which I/we have assigned, granted, conveyed or licensed, or am under an under contract or law to assign, grant, convey, or license any rights in the invention is listed below:

(a) ☒ no such person, concern or organization

(b) ☐ persons, concerns or organization listed below

[a separate declaration is required from each named person, concern or organization having rights to this invention averring to their status as "small entities."]

Full Name _____

Address _____

☐ Individual

☐ Small Business Concern

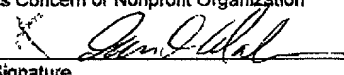
☐ Nonprofit Organization

I/we acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement of small entity prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

I/we hereby declare all statements made herein of his/her own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application, any patent issued thereon, or any patent to which this declaration is directed.

(8)	Typed Name of Inventor	Signature	Date

(9) _____
Name of Small Business Concern or Nonprofit Organization

TWELVE HORSES TECHNOLOGY LIMITED	By 	2/4/01
Typed Name	Signature	Date
CEO	David Malone	
Title of Signatory		

SMALL ENTITY DECLARATION
[37 CFR 1.9(c-f)]

Each undersigned declares that:

- (1) ☒ the application attached hereto.
- (2) ☐ U.S. Application Serial No. _____, filed _____
- (3) ☐ U.S. Patent No. _____ Issued _____
- is entitled to the benefits of "small entity" status for paying reduced fees under 35 USC 41(a) and (b) to the Patent and Trademark Office by virtue of the following:
- (4) ☒ Each undersigned declares that he/she qualifies as an independent inventor, or would qualify had he/she made the as defined in 37 CFR 1.9(c).
- (5) ☐ The undersigned declares that he/she is an official empowered to act on behalf of the concern identified below; that concern qualifies as a small business concern as defined in 37 CFR 1.9(d); that exclusive rights to the invention have been conveyed to and remain with the small business concern, or if the rights are not exclusive, that all other rights belong to small entities as defined in 37 CFR 1.9.
- (6) ☐ The undersigned declares that he/she is an official empowered to act on behalf of the organization identified below, organization qualifies as a nonprofit organization as defined in
- (a) ☐ 37 CFR 1.9(e)(1)
- (b) ☐ 37 CFR 1.9(e)(2)
- (c) ☐ 37 CFR 1.9(e)(3)
- (d) ☐ 37 CFR 1.9(e)(4) State law of _____ that exclusive rights to the invention have been conveyed to and remain with the organization, or if the rights are not exclusive, that all other rights belong to organizations as defined in 37 CFR 1.9.
- (7) Each person, concern or organization to which I/we have assigned, granted, conveyed or licensed, or am under an under contract or law to assign, grant, convey, or license any rights in the invention is listed below:

(a) ☐ no such person, concern or organization

(b) ☒ persons, concerns or organization listed below

[a separate declaration is required from each named person, concern or organization having rights to this invention averring to their status as "small entities."]

Full Name **Twelve Horses Technology Limited**

Address **66 Lower Baggot Street, Dublin 2, Ireland**

☐ Individual

☒ Small Business Concern

☐ Nonprofit Organization

I/we acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement of small entity prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

I/we hereby declare all statements made herein of his/her own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application, any patent issued thereon, or any patent to which this declaration is directed.

(8) **MALONE, David**

Typed Name of Inventor

Signature

Date

CAHILL, Timothy

Typed Name of Inventor

Signature

Date

STAFFORD, Gabrielle

Typed Name of Inventor

Signature

Date

FORTUNE, John

Typed Name of Inventor

Signature

Date

(9)

Name of Small Business Concern or Nonprofit Organization

COUGHLAN, Michael

By

Typed Name of Inventor

Signature

Date

Title of Signatory